Do not use this space.

41707

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1. PLACE OF DEATH

County _Newton_
Township _Marion_
City _Diamond_ (No. _____ St. _____ Ward)

Registration District No. _615_
Primary Registration District No. _0817_

File No. _____
Registered No. _255_

2. FULL NAME _Harley Mack Greninger_

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS	2 MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_
4. COLOR OR RACE _White_
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Single_

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Nov. 30, 1920_

7. AGE — YEARS _11_ MONTHS _0_ DAYS _13_
IF LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Child_
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Diamond Missouri_

FATHER
13. NAME _Ed C Greninger_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Diamond Missouri_

MOTHER
15. MAIDEN NAME _Dora Morgan_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Diamond Missouri_

17. INFORMANT (ADDRESS) _Ed C Greninger_ _Diamond Missouri_

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Diamond Cem_ DATE _Dec. 15_ 19_31_

19. UNDERTAKER (ADDRESS) _Knell Mortuary_ _Carthage Missouri_

20. FILED _12-15_ 19_31_ _W W Chipman_ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Dec. 13_ 19_31_

22. I HEREBY CERTIFY, That I attended deceased from _Jan. 1,_ 19_31_, to _Dec. 13,_ 19_31_
I last saw him alive on _Dec. 13,_ 19_31_ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis
Tuberculous osteomyelitis
_24A_
_27A 24_

Other contributory causes of importance:
None

Name of operation _None_ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _No_

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _no injury_
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _No_
If so, specify _____

(Signed) _W B Chapman_ M.D.
(Address) _Carthage, Mo._